

B 5 (Official Form 5) (12/07)

B 5 (Official Form 5) (12/07) -- Page 2

Name of Debtor Amerejuve, Inc.

Case No. \_\_\_\_\_

TRANSFER OF CLAIM		
<p>1. Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).</p>		
REQUEST FOR RELIEF		
<p>Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.</p>		
<p>Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.</p>		
<p>x <u>Richard K. Vanik MD</u> Signature of Petitioner or Representative (State title) Richard K. Vanik, MD Name of Petitioner Date Signed <u>OCT 6 2014</u></p>	<p>x <u>Lionel M. Schooler</u> <u>6 OCT 2014</u> Signature of Attorney Lionel M. Schooler, Jackson Walker LLP Name of Attorney Firm (If any) 1401 McKinney, Suite 1900, Houston, TX 77010 Address (713) 752-4200 Telephone No.</p>	
<p>Name &amp; Mailing Address of Individual Signing in Representative Capacity 7777 Southwest Fwy, Suite 500 Houston, Texas 77074</p>		
<p>x Signature of Petitioner or Representative (State title) Molloy Corporation, d/b/a PXP Printing Name of Petitioner Date Signed</p>	<p>x Signature of Attorney Date Name of Attorney Firm (If any) Address Telephone No.</p>	
<p>Name &amp; Mailing Address of Individual Signing in Representative Capacity Mr. Tad Molloy, Owner and President 9000 Southwest Freeway, Suite 320 Houston, Texas 77074</p>		
<p>x Signature of Petitioner or Representative (State title) Texas Anesthesiology Consultants of Texas, PLLC Name of Petitioner Date Signed</p>	<p>x Signature of Attorney Date Name of Attorney Firm (If any) Address Telephone No.</p>	
<p>Name &amp; Mailing Address of Individual Signing in Representative Capacity Dr. Harold Adams, President 1075 Kingwood Drive, Suite 150 Kingwood, Texas 77339</p>		
PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Richard K. Vanik, MD (see above address)	Services rendered / non-contingent indemnity obligation	at least \$50,000
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Molloy Corporation, d/b/a PXP Printing (see above address)	trade payable	at least \$8,607.39
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Texas Anesthesiology Consultants of Texas, PLLC (see above address)	trade payable	at least \$17,000.00
<p>Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.</p>		<p>Total Amount of Petitioners' Claims \$75,607.39</p>

\_\_\_\_ continuation sheets attached

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<b>L. Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).</b>		
<b>REQUEST FOR RELIEF</b>		
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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
x _____ Signature of Petitioner or Representative (State title) Richard K. Vanik, MD	x <u>Lionel M. Schooler</u> <u>6 OCT 2014</u> Signature of Attorney Date Lionel M. Schooler, Jackson Walker LLP	
Name of Petitioner _____ Date Signed _____  Name & Mailing _____ Address of Individual <u>7777 Southwest Fwy, Suite 500</u> Signing in Representative <u>Houston, Texas 77074</u> Capacity _____	Name of Attorney Firm (If any) _____ <u>1401 McKinney, Suite 1900, Houston, TX 77010</u> Address _____ <u>(713) 752-4200</u> Telephone No. _____	
x <u>Tad Molloy</u> Signature of Petitioner or Representative (State title) Molloy Corporation, d/b/a PXP Printing	x _____ Signature of Attorney Date _____	
Name of Petitioner _____ Date Signed _____  Name & Mailing <u>Mr. Tad Molloy, Owner and President</u> Address of Individual <u>9000 Southwest Freeway, Suite 320</u> Signing in Representative <u>Houston, Texas 77074</u> Capacity _____	Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
x _____ Signature of Petitioner or Representative (State title) Texas Anesthesiology Consultants of Texas, PLLC	x _____ Signature of Attorney Date _____	
Name of Petitioner _____ Date Signed _____  Name & Mailing <u>Dr. Harold Adams, President</u> Address of Individual <u>1075 Kingwood Drive, Suite 150</u> Signing in Representative <u>Kingwood, Texas 77339</u> Capacity _____	Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
<b>PETITIONING CREDITORS</b>		
Name and Address of Petitioner Richard K. Vanik, MD (see above address)	Nature of Claim Services rendered / non-contingent indemnity obligation	Amount of Claim at least \$50,000
Name and Address of Petitioner Molloy Corporation, d/b/a PXP Printing (see above address)	Nature of Claim trade payable	Amount of Claim at least \$8,607.39
Name and Address of Petitioner Texas Anesthesiology Consultants of Texas, PLLC (see above address)	Nature of Claim trade payable	Amount of Claim at least \$17,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>\$75,607.39</u>

\_\_\_\_ continuation sheets attached

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Name of Debtor Amerejuve, Inc.

Case No. \_\_\_\_\_

TRANSFER OF CLAIM		
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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Richard K. Vanik, MD</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing In Representative Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney _____ Date <u>6 OCT 2014</u> <u>Lionel M. Schooler</u> Lionel M. Schooler, Jackson Walker LLP Name of Attorney Firm (if any) _____ <u>1401 McKinney, Suite 1900, Houston, TX 77010</u> Address _____ <u>(713) 752-4200</u> Telephone No. _____	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Molloy Corporation, d/b/a PXP Printing</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing In Representative Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Name of Attorney Firm (if any) _____ Address _____ Telephone No. _____	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Texas Anesthesiology Consultants of Texas, PLLC</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing In Representative Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Name of Attorney Firm (if any) _____ Address _____ Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>Richard K. Vanik, MD (see above address)</u>	Nature of Claim <u>Services rendered / non-contingent indemnity obligation</u>	Amount of Claim <u>at least \$50,000</u>
Name and Address of Petitioner <u>Molloy Corporation, d/b/a PXP Printing (see above address)</u>	Nature of Claim <u>trade payable</u>	Amount of Claim <u>at least \$8,807.39</u>
Name and Address of Petitioner <u>Texas Anesthesiology Consultants of Texas, PLLC (see above address)</u>	Nature of Claim <u>trade payable</u>	Amount of Claim <u>at least \$17,000.00</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>\$75,607.39</u>

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